

WESTMORELAND COUNTY HEALTH DEPARTMENT
P.O. Box 303, Montross, VA 22520 Phone: (804)493-1124
FAX: (804) 493-9352

HEALTHY START NUTRITION INITIATIVE

WESTMORELAND COUNTY RESIDENTS ONLY

NO INCOME RESTRICTIONS

Nutrition Referral - High Risk Prenatal

NAME _____ DATE _____

ADDRESS _____ PHONE _____

Date of Birth _____ Estimated Date of Delivery _____ Gestational Age _____

ANTHROPOMETRIC: Date: _____ Weight _____ Height _____

BIOCHEMICAL: Lab Data: Hgb _____ Other _____

MEDICAL NUTRITION RISKS: Please check reasons for referral:

____ Teenager 19 years or younger

____ Insufficient prenatal weight

____ Low Hgb or Hct

____ Inadequate weight gain

____ Excessive prenatal weight gain

____ Special medical conditions requiring therapeutic diet (Diabetes, hypertension, PKU, etc)

____ Less than 18 months between pregnancies

____ Current multiple gestation

____ Substance abuse (Alcohol, Drugs, Cigarettes, other)

____ Two or more previous low birth weight infants

____ Other

NUTRITION ASSISTANCE PROGRAMS: Check any of these programs client is interested in receiving:
WIC BREASTFEEDING RESOURCE MOMS/MALE MENTOR

Signature of Screener: _____ Title _____

M.D. Office/ Agency _____ Phone: _____ FAX _____

Please return to Chris Fournier, MS,RD: Healthy Start Nutritionist,
Westmoreland Health Department, P.O.Box303, Montross, VA 22520, FAX:493-9352;
Phone 493-1124, Ext.20. E-mail: cfournier@3rivers.vdh.state.va.us

Thank you for the referral.

